

Children's Defense Fund

2017 Benefits Plan Overview

CHILDREN'S DEFENSE FUND

PLAN YEAR 2017

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WELCOME

Children's Defense Fund (CDF) takes pride in offering a comprehensive and competitive benefits package to its employees. CDF, through all of its benefit partners, offers you a benefit program that allows choice and flexibility. Through this program you can choose the benefits that are best for you and your family.



Please take the time to review all of the plan options available to you prior to making your selections. Consider each benefit and the associated cost carefully and choose the benefits package that will best meet you and your family's needs throughout the year.

Options selected during open enrollment remain in place for the full calendar year. Options selected upon hire remain in place through the end of the calendar year in which you are hired.

The Internal Revenue Service (IRS) states that eligible employees may only make elections to the plan once a year at open enrollment. Medical, Dental, and Vision benefit choices are binding through December 31st of each year. The following circumstances are the ONLY reasons you may change your benefits during the year:

Marriage	Death of a Spouse
Divorce	Death of a Dependent
Birth & Adoption	Loss of Dependent Status
Loss of Spouse's job where coverage is maintained through a spouse's plan	

These special circumstances, often referred to as life event changes, will allow you to make plan changes at any time during the year in which they occur. For any allowable changes, you must inform the HR Department within 30 days of the event to avoid lapse in coverage. All other changes are deferred to open enrollment.

Medical Benefits

Children's Defense Fund's medical options are designed to provide you and your family with access to high quality healthcare. Two plans are available through United Healthcare. The first option is the HRA Plan Option and the second is the Traditional POS Option.

The medical options cover a broad range of healthcare services and supplies, including

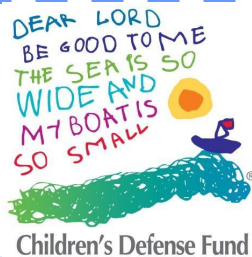
prescriptions, office visits and hospitalizations. The plans differ when it comes to how they share costs with you. Please refer to the summary on Page 2 for specific details on each medical plan option. www.myuhc.com.

Eligibility: First day of employment.

This benefits summary describes the highlights of our benefits in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official documents and not the information in this summary. If there is any discrepancy between the descriptions of the programs as contained in this brochure and the official plan documents, the language of the official plan document shall prevail as accurate. Please refer to the plan-specific documents for detailed plan information. Any plan benefits may be modified in the future to meet Internal Revenue Service rules or otherwise as decided by Children's Defense Fund.

Medical Benefits Description

Benefits Description	HRA Plan Option		Traditional POS Option	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
CDF HRA Contribution: Individual Family	\$40k or Less: \$750 \$1,500	\$41K—\$70K: \$500 \$1,000	\$71K or more: \$250 \$500	Not available for the Traditional POS Option
Deductible Individual Family	\$1,000 \$2,000	\$2,000 \$4,000	\$250 \$500	\$2,000 \$4,000
Out-Of- Pocket Maximum Individual Family	\$2,000 \$4,000	\$4,000 \$8,000	\$2,250 \$4,500	\$4,000 \$8,000
Coinsurance	20%	40%	20%	40%
Preventive Services Adult Physical Well-Child Visits	Covered in Full	40% after Deductible	Covered in Full	40% after Deductible
Primary Office Visit	20% after Deductible	40% after Deductible	\$20 copay	40% after Deductible
Specialist Services	20% after Deductible	40% after Deductible	\$40 copay	40% after Deductible
Emergency Room	20% after Deductible		\$100 Copay	
Inpatient Hospital Services	20% after Deductible	40% after Deductible	20% after Deductible	40% after Deductible
Outpatient Surgery	20% after Deductible	40% after Deductible	20% after Deductible	40% after Deductible
Diagnostic Lab, X-Ray	20% after Deductible	40% after Deductible	20% after Deductible	40% after Deductible
Lifetime Maximum	Unlimited		Unlimited	
Prescription Drug Retail (31 day supply): Generic Brand Formulary Mail Order (90 day supply) Generic Brand Formulary	<u>Deductible First</u> \$10 Copayment \$30 Copayment \$50 Copayment \$25 Copayment \$75 Copayment \$125 Copayment		\$10 Copayment \$35 Copayment \$60 Copayment \$25 Copayment \$87.50 Copayment \$150 Copayment	



Children's Defense Fund

A strong, effective, independent voice for all the children of America

Health Reimbursement Account (HRA)

When you enroll in the HRA medical plan, you are automatically enrolled in the employer-funded Health Reimbursement Account (HRA) through United Healthcare.

A HRA is an employer-funded account that helps you pay for eligible medical expenses. Funds are provided by Children's Defense Fund and are yours to use for covered medical care expenses.

How the HRA Works:

1. ***Your first health expenses of the year are paid by your HRA.*** CDF contributes a fixed amount of money each year to your HRA (see page 2 for amounts). You use the money to pay for eligible medical expenses that apply toward your annual deductible.
2. ***Next, you meet your deductible.*** With the HRA medical plan you have an annual deductible to meet. You must meet the deductible, and then medical plan benefits begin. The exception is preventive care, which may be covered up to 100%, even if you have not yet met your deductible. The deductible will first be paid for with money from the HRA. After the HRA fund is exhausted, you pay the remaining dollars out-of-pocket until the deductible is met.
3. ***Then you pay only coinsurance and copayments.*** After your deductible is met, you and the medical plan share expenses. You may see this referred to as "coinsurance" or "copayment." You will continue to

share expenses until you reach the annual out-of-pocket limit. When you reach this annual limit, eligible expenses will be covered at 100% to help protect you from catastrophic costs.



You should note that as long as you are utilizing the United Healthcare (UHC) medical plan, you do not need to file separate claim forms for the HRA. Your Provider files a claim with UHC for your

medical services. Since the HRA fund is integrated with the HRA medical plan, UHC is able to use available funds in your HRA to pay the provider directly. Once the claim has been fully processed by UHC and any payment made from the HRA, you will receive an explanation of benefits (EOB) in the mail that shows you how the claim was paid and will indicate if you have any remaining responsibility to pay for services. You can also monitor your account online at www.myuhc.com.



United Healthcare Online Tools

United Healthcare provides valuable online tools to participating members. Register at www.myuhc.com to connect to current, comprehensive information about your benefits and health care interests. Seven great reasons to use www.myuhc.com:

1. Learn about health conditions, treatments and procedures. *Select **Health Topics & Tools**
2. Compare costs for treatments and health plan options. Choose a plan that's right for your needs. Compare in – and out-of-network costs. *Select **Treatment Cost Estimator** or **Plan Comparison Calculator**
3. Organize your medical claims online. View and print copies of your medical claims. *Select **Claims Center**
4. Connect online with a registered nurse who can answer your questions. *Select **Live Nurse Chat**
5. Learn more about your coverage. Check current eligibility, copays, deductibles, and out-of-pocket information. *Select **Plan Summary**
6. Request a replacement medical ID card and/or print a temporary ID card. *Select **Manage My Account**
7. Order and renew prescriptions online. See information on your pharmacy benefits, prescription history, drug coverage and copays. Even arrange home delivery of your order. *Select **Pharmacy Online**



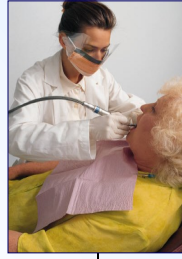
Did you know? www.myuhc.com is available 24 hours a day, 7 days a week!



Dental Benefits

Good Dental health is important to your overall well-being. At the same time, we all need different levels of dental treatment. The Delta Dental Core PPO dental plan provides affordable coverage based on the type of services obtained – **Preventive, Basic or Major** – whether or not you obtain services from a network or non-network provider.

Under this plan, you may obtain covered services



from any dentist. However, if an out-of-network dentist is used, reimbursement is based on Delta Dental's usual and customary reasonable charge.

CDF also offers a Core Plan Plus Ortho to cover orthodontia services through Delta Dental.

A complete provider directory can be accessed online at www.deltadentalins.com.

Dental Benefits Description	Delta Dental	
	In-Network	Out-of-Network
Deductible Individual Family		\$25 \$75
Preventive Services Oral Exams, Full Mouth X-Rays, Fluoride Treatments, Lab Work & Tests, Teeth Cleaning, Periodontal Maintenance	100%	100%
Basic Services Fillings, Endodontics-Root Canal, Periodontics, Oral Surgery, General Anesthesia, Pulp Capping	90% after deductible	80% after deductible
Major Services Inlays & Onlays, Crowns, Dentures, Bridges	60% after deductible	50% after deductible
Orthodontic Services (Only Available with the Core Plan Plus Ortho)	50% (\$1,500 life-time maximum)	50% (\$1,500 life-time maximum)
Annual Maximum	\$1,200 Per Year	\$1,200 Per Year

Vision Benefits

All full-time, regular employees are eligible to sign up for vision coverage, which allows participants to get an examination and lenses annually, plus frames and contact lenses (*in lieu of frames & lenses*) every 24 months.

Participants have the option of receiving care from a

network or out-of-network provider; however, if you use a non-network provider you will incur higher out-of-pocket expenses.

Vision Benefits Description	UnitedHealthcare	
	In-Network	Out-of-Network
Eye Exam Copay	\$10	N/A; Up to \$40 Allowance
Materials Copay	\$25	N/A; Up to \$40 Allowance
Frames - Retail Allowance	Up to \$130	Up to \$45
Elective Contact Lenses	Up to \$105	Up to \$105

Domestic Partner Coverage

Employees may elect health, dental and vision coverage for domestic partners under the United Healthcare and Delta Dental plans. Excluded from coverage are roommates, siblings, parents, or persons related in a way that would prohibit marriage. An affidavit of Domestic Partnership form is required. Domestic Partnership benefits are subject to special taxation rules determined by the IRS.

Basic Life and Accidental Death & Dismemberment Insurance

Eligible employees receive Basic Life Insurance in an amount equal to two times your annual base salary to a maximum of \$300,000. Accidental Death and Dismemberment Insurance pays a benefit that varies with the type of loss or accident. These benefits are paid for by CDF and provided by UnitedHealthcare. Employees may elect to purchase additional life insurance coverage in

increments of \$10,000 for employees up to \$500,000 and for spouses up to \$250,000. A dependent child benefit of up to \$10,000 also is available for children aged 14 days to 23/25 years depending on dependent student status.

Disability

Your disability benefits provide you with a source of income in the event that you are not able to work due to an accident, illness or injury. CDF provides Short-Term and Long-Term Disability Benefits to all eligible employees at no cost to the employee. CDF also provides a Buy Up Short-Term Disability Plan for those who want to increase their weekly disability benefit.



Core Short-Term Disability (STD): Your STD benefit begins after a 15-day unpaid waiting period. Vacation and sick leave may be used to supplement the waiting period. Your STD benefit equals 60% of your weekly base earnings to a maximum benefit of \$500 per week to a maximum of 24 weeks.

Buy Up Short-Term Disability (STD): Your STD begins after a 15-day unpaid waiting period. Vacation and sick leave may be used to supplement the waiting period. Your STD benefit equals 66.67% of your weekly base earnings to a maximum benefit of \$1,000 per week to a maximum of 24 weeks.

Long-Term Disability (LTD): Your LTD benefit equals 60% of your monthly base earnings to a maximum benefit of \$5,000 per month. This benefit begins on the 181st day of disability. The benefit duration while disabled is to age 65 or Social Security Normal Retirement Age (SSNRA), whichever is later.

Disability benefits are administered by United Healthcare.

Flexible Spending Accounts (FSA)



CDF allows you to defer a portion of your pay through payroll deduction into Flexible Spending Accounts. The money that goes into an FSA is deducted on a pre-tax basis, which means it is taken from your pay before Federal and Social Security taxes are calculated. Because you do not pay income taxes on money that goes into your FSA, you decrease your taxable income.

This is a Rolling Medical FSA which means you are able to roll unused funds (up to \$500) from one plan year to the next. It is now a "use it now-or-use it later" benefit. Funds are rolled and become available after the run-out period for the prior year to allow you to submit any outstanding claims incurred during the prior plan year.

CDF's FSA program features the Beniversal® Prepaid MasterCard® enabling you to pay eligible medical and dependent care expenses directly from

your FSA, eliminating the need for you to pay out of your own personal funds.

Medical FSA: You may deposit up to **\$2,600** per plan year into your Medical FSA to cover you and your dependents during the plan year. Eligible expenses include, but are not limited to, deductibles, co-payments and co-insurance payments, routine physicals, uninsured dental expenses, vision care expenses and hearing expenses. Over the counter medications require a prescription to be reimbursed.

Dependent Care FSA: You may deposit up to **\$5,000** per plan year into Dependent Care FSA. Eligible expenses include payments to day care centers, preschool costs, before and after school care and elder care.



Commuter FSA: You may deposit up to **\$255** per month into the Mass Transit portion of the Commuter FSA. You may also deposit up to **\$255** per month into the Parking portion of the Commuter FSA. These are on a pre-tax basis.

Note: Additional funds may be set aside on a post-tax basis.

All claims for Mass Transit expenses must be claimed using the Beniversal card, no paper claims will be accepted. Paper claims can be submitted for Parking and Vanpooling only.

www.BenefitResource.com

CDF Company Code: cdfund

Participant Services: (800) 473-9595

Employee Assistance Program

CDF understands the importance of balancing Work and Family issues. Through United Healthcare's Employee Assistance Program (Care24), counseling and referral services are available to you and your eligible dependents at no cost to you. Counselors are available to speak confidentially with you and your family regarding Work, Health and Wellness and Emotional Well Being issues.

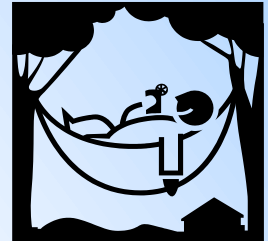


Retirement Savings - Employer Contribution



CDF contributes 5% of an employees annual salary to AUL after 6 months of employment (2 year vesting period). CDF contributions to the employee retirement account will be based on the length of service as follows:

- The beginning of the month following 6 months of employment through year 5 = 5%
- Years 6-9 = 6% and Years 10+ = 7%



Supplemental Retirement Savings Account 403(b)

Employees may deposit pre-tax dollars to an account with AUL. For 2017, the IRS limits your elective deferral to \$18,000/ year and the >age 50 catch-up contribution limit is \$6,000/year. There are a variety of investment choices within AUL. Immediate vesting.



Aflac Benefits (Employee Paid)



These additional benefits are cash benefits paid directly to you above and beyond what your health insurance covers. That way, you can use that cash where it is needed most. The benefits are a small percentage of your pre-tax income, can be customized to meet your personal needs and provides peace of mind. Aflac is insurance for daily living! Plans allow you to maintain your normal way of life when something unexpected happens. Aflac pays you benefits even when you're healthy! Aflac belongs to you! All plans are fully portable. Aflac benefits include: *24/7 Accident coverage *Sickness, including maternity *Cancer *Critical Care *Extra Dental *Vision Insurance *Life *Juvenile Life. Aflac is guaranteed renewable, rates will never change, and completely portable-employees own it. 100% paid by the employee.

For additional information or to enroll contact Elvera_pollard@us.aflac.com.

Children's Defense Fund's Leave Benefits

Sick: Employees will accrue 12 days or 3.24 hours per pay period.

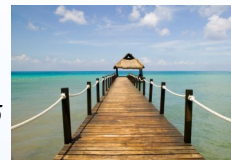


Annual (Vacation): Employees 1 year accrue 13 days per year or 3.50 hours per pay period.

2nd year accrue 15 days per year or 4.04 hours per pay period.

3rd—5th year accrue 20 days per year or 5.39 hours per pay period.

After 5th year accrue 22 days per year or 5.92 hours per pay period.



**New Hires with 10+ years related experience start with 18 days per year or 4.85 hours per pay period.*

Vacation and sick leave is pro-rated for part-time employees based on hours.

Maternity/Paternity Leave: Full-time and regular part-time employees with a minimum of 12 consecutive months of employment at CDF prior to the birth or adoption of a child, receive six weeks of paid maternity/paternity leave.

Discretionary Leave: All employees are granted two personal leave days per year. One day is issued in January and a second day is issued in July. Employees hired after June 1st receive one discretionary day for the year. Employees hired after October 30th will not receive discretionary leave until January 1st.

Bereavement: Employees may request up to 3 days of bereavement leave for immediate family per situation.

Additional Benefits



Direct Deposit - Employees may have their paychecks direct deposited (electronically transferred) into as many as four different personal accounts upon request (employee may deposit into 2 checking and 2 savings).

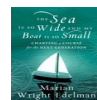


Banking - Employees may join the Congressional Federal Credit Union (www.congressionalfcu.org)



CDF Products & Publications - Employees receive discounts on CDF Products and publications including: T-shirts, books, etc. To order products, access CDF website at www.childrensdefense.org.

For additional information, please contact Ken Libby at klibby@childrensdefense.org



2017 Compliance Notices

HIPAA Special Enrollment

If you are declining enrollment for yourself and/or your eligible dependent(s) because of other health/dental/vision insurance coverage and if you lose that coverage, you may in the future be able to enroll yourself and/or your eligible dependent(s) in this plan, provided that you request enrollment with 30 days after your other coverage ends. If you are declining coverage for yourself and/or your eligible dependent(s) for any other reason, you cannot join the plan later unless you have a new dependent as a result of marriage, birth, adoption, placement for adoption, loss of Medicaid or SCHIP coverage, eligibility for Medicaid or SCHIP coverage, or during an open enrollment period, if applicable. You may then be able to enroll yourself and your eligible dependent(s), provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption, or within 60 days of Medicaid and SCHIP.



If you decline coverage for yourself and/or your eligible dependent(s) because of other health/dental/vision coverage or if you fail to request plan enrollment within 30 days after your (and/or your eligible dependent's) other coverage ends, you will not be eligible to enroll yourself, or your eligible dependent(s) during the special enrollment period discussed above and you will need to wait until the next open enrollment period to enroll in the plan's health/dental/vision coverage.

Non-Medical

If you are voluntarily declining non-medical coverage provided by your employer, you may choose to enroll at a later date depending upon the coverage now being waived. With the late enrollment your cost may be higher, a health questionnaire may be required and the effective date of your coverage may be delayed or denied. If coverage is non-contributory (employer pays entire cost) waivers are not permitted.

Note: Under Section 125, you may make changes to your pre-tax benefit plans only if you experience a qualified event. The change you request must be consistent with the event. The following are the IRS minimum Qualified Events:

1. Marriage, divorce, or legal separation;
2. Birth or adoption of a child;
3. Death of a spouse or child;
4. Change in residence or work location that affects benefits eligibility for you or your covered dependent(s);
5. Your child(ren) meets (or fails to meet) the plan's eligibility rules (for example, student status changes);
6. You or one of your covered dependents gain or lose other benefits coverage due to a change in employment status (for example, beginning or ending a job);
7. Loss or eligibility for Medicaid or SCHIP.

2017 Compliance Notices

Women's Health and Cancer Rights Act Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following vaginal delivery or less than 96 hours following a cesarean section.

However, federal law generally does not prohibit the mother's or the newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours, or 96 hours as applicable. In any case, plans and insurers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours/96 hours.

Premium Assistance under Medicaid and Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

2017 Compliance Notices

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility.

<p>ALABAMA – Medicaid</p> <p>Website: www.myalhipp.com</p> <p>Phone: 1-855-692-5447</p>	<p>FLORIDA – Medicaid</p> <p>Website: https://www.flmedicaidtprecovery.com/</p> <p>Phone: 1-877-357-3268</p>
<p>ALASKA – Medicaid</p> <p>The AK Health Insurance Premium Payment Program</p> <p>Website: http://myakhipp.com/</p> <p>Phone: 1-866-251-4861</p> <p>Email: customerservice@myakhipp.com</p> <p>Medicaid Eligibility</p> <p>http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</p>	<p>GEORGIA – Medicaid</p> <p>Website: http://dch.georgia.gov/</p> <p>Click on Health Insurance Premium Payment (HIPP)</p> <p>Phone: 1-404-656-4507</p>
<p>ARKANSAS – Medicaid</p> <p>Website: http://myarhipp.com</p> <p>Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64</p> <p>Website: http://www.hip.in.gov</p> <p>Phone: 1-877-438-4479</p> <p>All Other Medicaid</p> <p>Website: http://www.indianamedicaid.com</p> <p>Phone: 1-800-403-0864</p>
<p>COLORADO – Medicaid</p> <p>Medicaid Website: http://www.colorado.gov.hcpf/</p> <p>Medicaid Customer Contact Center: 1-800-221-3943</p>	<p>IOWA – Medicaid</p> <p>Website: www.dhs.state.ia.us/hipp/</p> <p>Phone: 1-888-346-9562</p>
<p>KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/</p> <p>Phone: 1-785-296-3512</p>	<p>NEW HAMPSHIRE – Medicaid</p> <p>Website: www.dhhs.nh.gov/oii/documents/hippapp.pdf</p> <p>Phone: 603-271-5218</p>

2017 Compliance Notices

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility.

<p>KENTUCKY – Medicaid</p> <p>Website: http://chfs.ky.gov/dms/default.htm</p> <p>Phone: 1-800-635-2570</p>	<p>NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</p> <p>Medicaid Phone: 1-609-631-2392</p> <p>CHIP Website: http://www.njfamilycare.org/index.html</p> <p>CHIP Phone: 1-800-701-0710</p>
<p>LOUISIANA – Medicaid</p> <p>Website: http://dhh.louisiana.gov/index.cfm/1/n/331subhome</p> <p>Phone: 1-888-695-2447</p>	<p>NEW YORK – Medicaid</p> <p>Website: http://www.nyhealth.gov/health_care/medicaid/</p> <p>Phone: 1-800-541-2831</p>
<p>MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/ofc/public-assistance/index.html</p> <p>Phone: 1-800-442-6003</p> <p>TTY: Maine relay 711</p>	<p>NORTH CAROLINA – Medicaid</p> <p>Website: http://www.ncdhhs.gov/dma</p> <p>Phone: 919-855-4100</p>
<p>MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: http://www.mass.gov/MassHealth</p> <p>Phone: 1-800-462-1120</p>	<p>NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/</p> <p>Phone: 1-844-854-4285</p>
<p>MINNESOTA – Medicaid</p> <p>Website: http://mn.gov/dhs/ma/</p> <p>Phone: 800-657-3739</p>	<p>OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org</p> <p>Phone: 1-888-365-3742</p>
<p>MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</p> <p>Phone: 573-751-2005</p>	<p>OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx</p> <p>http://www.oregonahealthcare.gov/index-es.html</p> <p>Phone: 1-800-699-9075</p>

2017 Compliance Notices

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility.

<p>MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</p> <p>Phone: 1-800-694-3084</p>	<p>PENNSYLVANIA – Medicaid</p> <p>Website: http://www.dpw.state.pa.us/hipp</p> <p>Phone: 1-800-692-7462</p>
<p>NEBRASKA – Medicaid</p> <p>Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</p> <p>Phone: 1-855-632-7633</p>	<p>RHODE ISLAND – Medicaid</p> <p>Website: http://ww.ohhs.ri.gov</p> <p>Phone: 401-462-5300</p>
<p>NEVADA – Medicaid</p> <p>Medicaid Website: http://dwss.nv.gov/</p> <p>Medicaid Phone: 1-800-992-0900</p>	<p>SOUTH CAROLINA – Medicaid</p> <p>Website: http://www.scdhhs.gov</p> <p>Phone: 1-888-549-0820</p>
<p>SOUTH DAKOTA – Medicaid</p> <p>Website: http://dss.sd.gov</p> <p>Phone: 1-888-828-0059</p>	<p>WASHINGTON – Medicaid</p> <p>Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</p> <p>Phone: 1-800-562-3022 ext. 15473</p>
<p>TEXAS – Medicaid</p> <p>Website: https://www.gethipptexas.com/</p> <p>Phone: 1-800-440-0493</p>	<p>WEST VIRGINIA – Medicaid</p> <p>Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</p> <p>Phone: 1-877-598-5820, HMS Third Party Liability</p>
<p>UTAH – Medicaid and CHIP</p> <p>Medicaid Website: http://health.utah.gov/medicaid</p> <p>CHIP Website: http://health.utah.gov/chip</p> <p>Phone: 1-877-543-7669</p>	<p>WISCONSIN – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</p> <p>Phone: 1-800-362-3002</p>
<p>VERMONT – Medicaid</p> <p>Website: http://www.greenmountaincare.org/</p> <p>Phone: 1-800-250-8427</p>	<p>WYOMING – Medicaid</p> <p>Website: https://wyequalitycare.acs-inc.com/</p> <p>Phone: 307-777-7531</p>

2017 Compliance Notices

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility.

VIRGINIA – Medicaid and CHIP

Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm

Medicaid Phone: 1-800-432-5924

CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm

CHIP Phone: 1-855-242-8282

To see if any more states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)

2017 Compliance Notices

Important Notice from CDF About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with CDF's plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

CDF has determined that the prescription drug coverage offered by the CDF plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current CDF coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current CDF plan coverage, be aware that you and your dependents will be able to get this coverage back.

2017 Compliance Notices

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with CDF and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage...

Contact the Human Resources department for further information.

For More Information about Your Options under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit <http://www.medicare.gov>

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at <http://www.socialsecurity.gov>, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

**Children's Defense Fund
Human Resources**

Mamie Berry

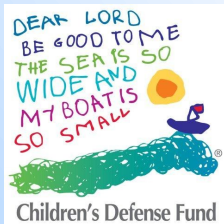
Director of Administration and Human Resources
(202) 662-3697

Elizabeth Wilson

Benefits Coordinator
(202) 662-3637

Resource Directory

Plan	Phone Number	Additional Information
United Healthcare—Group #717803 Choice Plus Traditional POS	866-633-2446	www.myuhc.com
United Healthcare—Group #717803 Choice Plus HRA	866-314-0335	www.myuhc.com
Delta Dental—Group #03389 Core PPO and Core Plus Ortho Dental	800-932-0783	www.deltadentalins.com
United Healthcare Vision	800-638-3120	www.myuhcvision.com
United Healthcare—Group #304345 Life and Disability	888-299-2070	www.uhc.com
Benefit Resource Inc. Flexible Spending Accounts	800-473-9595	www.benefitresource.com CDF Company Code: cdfund
Care24 Employee Assistance Program	888-887-4114	www.uhctools.com/ services_care24



Children's Defense Fund

A strong, effective, independent voice for *all* the children of America

CDF Employee Giving Campaign

Employee Giving Campaign:

As an employee you can give pre or post tax dollars to further support the mission of Children's Defense Fund. Please contact Human Resources for more information.

Human Resources Contacts

Mamie Berry

Director of Administration and Human Resources

(202) 662-3697

Elizabeth Wilson

Benefits Coordinator

(202) 662-3637

CBIZ

Virtual Visits

Access to care online at any time



When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Now, you don't have to.

A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription*, if needed, that you can pick up at your local pharmacy. And, it's part of your health benefits.

Conditions commonly treated through a virtual visit

Doctors can diagnose and treat a wide range of non-emergency medical conditions, including:

- Bladder infection/ Urinary tract infection
- Diarrhea
- Rash
- Bronchitis
- Fever
- Sinus problems
- Cold/flu
- Migraine/headaches
- Sore throat
- Pink eye
- Stomach ache

Access virtual visits

Log in to myuhc.com[®] and choose from provider sites where you can register for a virtual visit. After registering and requesting a visit you will pay your portion of the service costs according to your medical plan, and then you will enter a virtual waiting room. During your visit you will be able to talk to a doctor about your health concerns, symptoms and treatment options.

To learn more, login to myuhc.com

Use virtual visits when:

- ▶ Your doctor is not available
- ▶ You become ill while traveling
- ▶ You are considering visiting a hospital emergency room for a non-emergency health condition

Not good for:

- ▶ Anything requiring an exam or test
- ▶ Complex or chronic conditions
- ▶ Injuries requiring bandaging or sprains/ broken bones





Need support
or help?
We're on it.

We're here to help make things simpler for you.

We know that managing your health plan benefits and your health isn't always easy. That's why we have a team of people dedicated to helping you. From understanding your claims to estimating costs ahead of time, we're here to help. You may want to know:

- ▶ Is this treatment covered?
- ▶ How much will I have to pay for a test my doctor wants me to get?
- ▶ What does this charge mean on my bill? And why is it this amount?
- ▶ Can you help explain my benefits and what I need to do?
- ▶ If I need to find a new doctor, can you help me?

Contact us to get help with a personal touch.



Email:

Advocate4Me@uhc.com



Phone:

We're available Monday through Friday during business hours. You can also call anytime to speak with a Nurse.

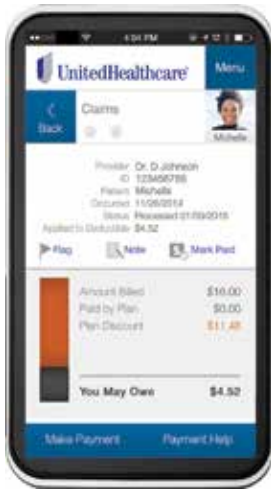




Health4Me

Health care management resources at your fingertips

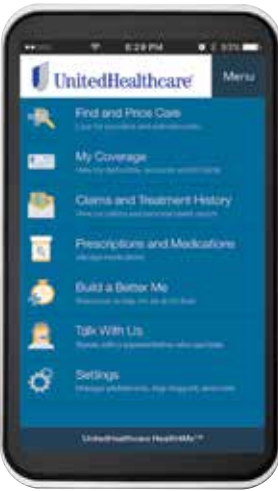
UnitedHealthcare Health4Me™ lets you easily access your health care information and gives you tools to help estimate costs, manage claims and find providers – anytime and anywhere. It's built to be your go-to health care resource when you're on the go.



More useful info

Get information to help you stay connected to your care management.

- View and share health plan ID cards via email or fax
- Check account balances and benefit amounts
- Collect, track and share past and current Personal Health Records
- View and manage claims
- Pay providers for out-of-pocket expenses



More great tools

Get access to resources to help you get the most out of your benefit plan.

- Estimate costs of common procedures and conditions up front
- Find nearby providers, hospitals and quick care facilities
- Connect with helpful professionals 24/7
- Search Pharmacies, claims, drug pricing and mail orders

Stay connected to your benefit plan



Take advantage of Care24[®] services – information and support is just a phone call away.



Care24 services, a complimentary benefit from your health plan, offers you access to a wide range of health and well-being information and support—seven days a week, 24 hours a day at the following toll-free phone number, **1-888-887-4114**. Care24 services connects you with registered nurses or master’s-level counselors who are here to help you with almost any problem ranging from medical and family matters to personal legal*, financial and emotional needs.

Connecting people with information and resources

Care24 services provides you with access to experienced professionals including:

- ▶ Registered nurses
- ▶ Master’s-level counselors
- ▶ Legal and financial professionals
- ▶ Community resources

Audio resources available on a wide range of health topics

With Care24 services, you can also choose to listen to audio messages on more than 1,100 health and well-being topics. To listen to your message of choice, press * to speak with a nurse who will provide you with information on the health topics along with the three digit access pin number. More than 600 audio messages are recorded and available in Spanish, along with multi-lingual translation services, and service for callers with hearing impairments.

Care24 helps you with:

- Childhood illnesses
- Minor illnesses and injuries
- Medication information and safety
- Relationship worries
- Choosing appropriate medical care
- Stress and anxiety
- Coping with grief and loss
- Personal legal and financial issues
- Self-care information
- Finding a doctor

Call the following toll free number **1-888-887-4114** to get started.



Local support

A Care24 professional may offer to find local, in-person help in some situations. Counselors may also be able to connect you with other helpful resources in your community.

Care24 nurses are here to help you find a doctor or specialist, and check if the doctor is in your network and available. We may even be able to make the appointment for you.

24-hour convenience

Care24 nurses and counselors are available 24 hours a day, 7 days a week and will work with you to help identify and address concerns in your work and home life.



How to call

To take advantage of Care24 services, nurses and counselors available 24 hours a day, 7 days a week by calling **1-888-887-4114**. TTY/TDD callers, please call the National Relay Center at **1-800-828-1120** and ask for the toll free number on the back of your health plan ID card.



How to print your vision ID card using myuhc.com

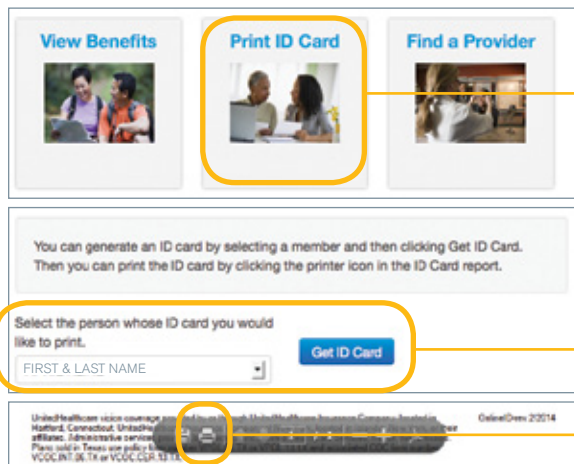


Thanks to our convenient paperless benefits and claims, **you do not need a member ID card to use your benefits.** However, if you'd like one, you can easily print one.


Your ID card will be personalized with your name, member ID, as well as your exam and materials co-pay amounts.

Steps to print your Vision ID card:

- 1 Go to **myuhc.com**
- 2 Log in or register
- 3 Click on "Look up my Benefits"
- 4 Select Vision
- 5 Click on "Vision benefit highlights" link
- 6 Click on "Print ID Card" If you do not see this option, click on the blue "Select" button next to your plan name.
- 7 From the drop down menu, select the person whose ID card you would like to print. Click on "Get ID Card."
- 8 This generates a document with your ID card called *How to Use Your Vision Care Benefits*. Scroll to the bottom of this document. A toolbar will appear; click on the printer icon to print.



Sample Personalized ID Card

 <p>Member Name: [First, Last] Member ID: [XXXXXXXX-XX] Member Web: www.myuhcvision.com Customer Service: (800) 638-3120</p>	<p>Vision Care Benefits</p> <p>Exam Copay: [\$XX.XX] Material Copay: [\$XX.XX]</p> <p>Submit Out-of-Network Claims to: UnitedHealthcare Vision Claims Department P.O. Box 30978 Salt Lake City, UT 84130</p> <p>Note to Providers: For more information about this UnitedHealthcare Vision plan, please visit us online at www.Spectera.com or call 1-800-638-3120.</p>
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Vision Identification Card



What do I need to know about FSAs?

Medical FSA

A Medical FSA can be used to pay for eligible medical expenses provided to you, your spouse or eligible dependents.

- Upon enrolling in a Medical FSA, you have access to your full plan year election amount.
- The tax-free amount you can set aside in a Medical FSA per plan year can be found in your Plan Highlights. Your Plan Highlights also contain other specific information about your employer sponsored plan.
- Expenses must be primarily to prevent, treat, diagnose or mitigate a physical or mental defect or illness. The eligibility of an expense is governed by the IRS. Common eligible expenses include:
 - Co-payments, co-insurance and deductible expenses
 - Dental care (e.g. exams, fillings, crowns)
 - Vision care, eyeglasses, contact lenses
 - Chiropractic care
 - Prescription drugs and certain over-the-counter medical items
- Expenses cannot be for personal care, cosmetic or general health purposes.
- Some expenses are only eligible if certified by a licensed medical provider as medically necessary.
- Expenses cannot be reimbursed from any other source (e.g. insurance).
- Refer to your Plan Highlights for details regarding how unused Medical FSA funds are treated.
- While you can use the Medical FSA for medical expenses for a spouse or dependent, you cannot use Medical FSA funds for dependent care expenses (e.g. child care) and vice-versa.

Dependent Care FSA

A Dependent Care FSA can be used to reimburse dependent care expenses (e.g. child care) for a qualified person. These expenses enable you to be gainfully employed and, if married, enable your spouse to be gainfully employed, look for work or attend school full-time.

- The qualified person must spend at least 8 hours per day in your home and is one of the following:
 - Dependent child under the age of 13 and for whom you can claim a tax exemption.
 - Spouse or dependent who is physically or mentally incapable of self-care, lives with you for more than half of the year, and for whom you can claim a tax exemption.
- The tax-free amount you can set aside per calendar year in a Dependent Care FSA can be found in your Plan Highlights.
- Common eligible expenses, include:
 - Before/after school care
 - Child Care / in-home dependent care
 - Day care facility
 - Nursery school
 - Adult care
- Services provided for education, overnight camps or services provided by the child's parent or other dependent for income tax purposes are not eligible expenses.
- The amount available for reimbursement of dependent care expenses is limited to the cash balance in your Dependent Care FSA.
- Refer to your Plan Highlights for details regarding how unused Dependent Care FSA funds are treated.
- You cannot claim a federal tax credit for any expenses reimbursed through a Dependent Care FSA. Consult a tax professional to determine if it would be more to your advantage to elect a Dependent Care FSA or to use the federal tax credit.

Use the **FSA Expense & Tax Savings Estimate Worksheet** included in the booklet to help you estimate how much you should elect.

How do I access my FSA?

Use the Beniversal Card (if offered)

The Beniversal Prepaid MasterCard can be used at qualified merchants providing medical products and services, such as: doctors, dentists, medical labs, hospitals, medical supply stores, vision centers and certain drugstores and retail merchants. (A list of drugstores and retail merchants is available at www.BenefitResource.com).



When using your card, **always save your itemized receipts**. With an FSA, the IRS requires Benefit Resource to verify that 100% of transactions are for eligible expenses. Since some qualified merchants also offer services/items that are not eligible, Benefit Resource may contact you requesting additional documentation on a transaction.

Requested receipts and documentation for card transactions can be submitted online at www.BenefitResource.com, through the BRiMobile app or by fax/mail. Instructions will be provided in the request.

Submit a Claim

When not using the Beniversal Card or for Dependent Care expenses, you can submit a claim with your itemized receipt or supporting documentation. Claims can be submitted:

- **Online at www.BenefitResource.com**
Once logged in to your account, go to the FSA/HRA tab and select Submit Online Claim. Follow the on screen instructions.
- **Through the BRiMobile app**
Download the BRiMobile app from the Apple App Store or Google Play.
- **By faxing/mailing a claim form**
Claim forms can be downloaded and printed from www.BenefitResource.com.

Reimbursements are paid weekly. To receive your reimbursements by direct deposit, please log into www.BenefitResource.com and set up your direct deposit account information.



Log in to BRiWeb

BRiWeb is your secure participant login for managing your accounts with Benefit Resource. BRiWeb allows you to view balance and transaction information, submit claims, download plan documents and much more.

To log in, go to www.BenefitResource.com:

1. Click Participants under Secure Login.
2. Once on the Participant Login page, please enter:
Company Code: Provided by your employer
Login ID: Default Login ID selected and provided by your employer. You may change it upon initial login.
Initial Password: 5 digit home zip code (You will be prompted to change the password upon initial login.)
3. BRiWeb will open to a Dashboard which provides a quick snapshot of your account(s) and profile. To manage your FSA, select the FSA/HRA tab.



To view a quick video demo of BRiWeb, visit BRI Resources at www.BenefitResource.com.

Download the BRiMobile app

BRiMobile is your on-the-go account access to view balances and recent transactions, submit claims and send receipts. BRiMobile app is available for iPhone, iPad and Android devices. Learn more at www.BenefitResource.com/tools or download the app from the Apple App Store or Google Play.



Contact Participant Services

Participant Services is available to assist with your questions by phone, chat and email. Representatives are available in English and Spanish.

Phone: (800) 473-9595, Monday - Friday, 8am - 8pm (Eastern Time)

Email: ParticipantServices@BenefitResource.com

Live Chat: Available through the participant login at www.BenefitResource.com, Monday - Friday, 8am - 5pm (Eastern Time).

For more information on these or other account information, please visit us at www.BenefitResource.com.